2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N95000000581

1. Entity Name
FIRST UNITED METHODIST CHURCH OF AUBURNDALE,



Principal Place of Business 316 ARIANA BLVD. AUBURNDALE, FL 33823 Mailing Address 316 ARIANA BLVD. AUBURNDALE, FL 33823

FILED Jan 25, 2007 8:00 am **Secretary of State**

01-25-2007 90053 008 ****61.25

40005619

2. Principal Place of Business - No P.O. Box #			3. Mail	3. Mailing Address									
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				01102007	Chg-NF	o	CR2E	037 (12/06)	
City & Stat	te		City	City & State				4. FEI Number Applied For 59-1588227 Not Applicable					
Zip Country Zip				p Country			5	5. Certificate of Status Desired S8.75 Additional Fee Required					
	-6Name	and Address of Current	t Registere	d Agent			7.	. Name and	Address	of New Ro	egistered	l Agent	
FDIESEN	IACOUE	(NIC				Name							
FRIESEN, 316 ARIAN AUBURNE	NA BLVD			Street Address			idress (P.O	. Box Numb	er is Not Ac	ceptable)		
AOBORNE	JALE, FL.	33023											
					-	City					F	Zip Cod	le
8 The above	named entit	y submits this statement f	for the every	and of changing its	registere	d office or r	raciatorad	accent as ha	th in the Ct	lete of Cla			
	tions of regist		ioi trie parpt	ose of changing its	registeret	a onice or r	registered	agent, or bo	in, in the St	ate of Pio	nda. Tan	n ramiliar with	, and accept
SIGNATURE													
l	Signature, typed	or printed name of registered ager	nt and title if appi	icable. (NOT	E: Registered	Agent signature	re required whe	n reinstating)			DATE		
			_										
	•	e is \$61.25 lay 1, 2007		9. Election Car Trust Fund (5.00 May 8 Ided to Fees	le			ck payable t artment of S	
10.	•	•	DIRECTORS				Àd	Ided to Fees		Flori	da Depa		tate
10.	•	lay 1, 2007	DIRECTORS		Contributio		Àd	Ided to Fees		Flori	da Depa	irtment of S	tate
	Due by M	OFFICERS AND D	DIRECTORS	Trust Fund (Contributio		Àd	Ided to Fees		Flori	da Depa	PIRECTORS IN	tate ∮ 10
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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863-967-1262

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Addition